

(12)

Nikola

Eisen von Werd part

ON DR HERON WATSON'S METHOD OF EXCISING THE WRIST JOINT.

By A. G. MILLER, M.D., F.R.C.S.E.,

Lecturer on Clinical Surgery, and Surgeon to the Edinburgh
Royal Infirmary.

(*Read before the Medico-Chirurgical Society of Edinburgh, 6th June 1894; and reprinted from the Edinburgh Medical Journal for August 1894.*)

IT is always an advantage, I think, to excise a joint by one incision, provided it gives good access to the parts to be removed, and efficient drainage afterwards. Hitherto the wrist has been rather an exception to the rule of single incisions, Lister's method by two incisions being the favourite operation. In 1870 the late Dr J. D. Gillespie published an account of a case in which he had excised the wrist by a single dorsal incision. This method is frequently called Langenbeck's, but I have often heard Dr Gillespie say that his case was the first operated on.

Some years ago Dr Heron Watson explained to me how the wrist joint could be completely and easily excised by a single incision similar to Lister's ulnar one. The procedure is as follows:—The knife is entered about $1\frac{1}{2}$ inch above the styloid process of the ulna towards the palmar aspect, and carried down to the metatarsal bone of the little finger, and a short distance along it. An incision of about 3 inches in length is thus made down to the bone. The lower end of the ulna is then cleared, and fully an inch of it removed. The carpus is then exposed and removed piece by piece, the trapezium only being left. The heads of the metatarsal bones can then be dealt with by gouge or saw, being turned out of the wound if necessary. Next, the end of the radius is turned out, which can be quite easily done, and sawn off. Last of all the trapezium is examined, and removed if necessary. Each step in the operation is very easy and very satisfactory. After removal of the necessary amount of diseased bone, very few vessels require to be ligatured. Sometimes one at the radial side of the wound is rather difficult to secure; but as the wound can be turned almost inside out by shoving the thumb in like the finger of a glove, no great difficulty should really be experienced.

The after-dressing that I would advise from my present knowledge and experience is packing with iodoform gauze, which should be diminished in amount at each dressing. The hand and forearm should, of course, be kept at rest on a splint. Passive movement should be commenced not later than a week after the operation. The joints that are most likely to be stiff are the metacarpo-phalangeal, but these are generally very rigid before the operation is performed. They should be freely flexed and extended as a preliminary step to the operation, as advised by Sir Joseph Lister. During the last six years I have excised the wrist by Dr Watson's method ten times, with the following results:—

In one case subsequent amputation was necessary; in one case amputation was advised, but not submitted to; in three more cases disease returned, necessitating scraping; while in the remaining half of the cases the disease did not return, and a useful hand was obtained. In the three cases that were scraped—one of them twice—a fairly useful hand is the result.

A glance at the Table will show an interesting fact, viz., that in eight out of the ten cases the right hand was the one diseased. Does not this point to trauma as the exciting cause?

No.	Name.	Sex.	Age.	Hand.	Date of Operation.	Healed or Discharged.	Result.
1	M. C.	F.	19	R.	5th Mar. 1889	5th Dec. 1889	Return of disease; amputation advised.
2	J. W.	F.	19	R.	3rd Jan. 1890	5th Feb. 1890	Useful hand; able to work in mill; ganglion on back of wrist, probably tubercular. ¹
3	J. M.	M.	30	R.	23rd June 1890	20th Sept. 1890	Fairly useful hand; seen last some months after leaving hospital.
4	Mrs F.	F.	69	L.	14th July 1890	27th Aug. 1890	Fairly useful hand; atrophy of radius and ulna. ¹
5	J. M.	M.	11	L.	20th Jan. 1891	17th Mar. 1891	Return of disease; scraped twice; hand fairly useful; seen June 1894.
6	Mrs F.	F.	30	R.	8th May 1891	29th June 1891	Fairly useful hand; atrophy of radius and ulna; seen June 1894.
7	J. M.	M.	12	R.	2nd June 1891	4th July 1891	Useful hand; seen last some months after leaving hospital.
8	J. B.	M.	48	R.	18th Feb. 1893	11th April 1893	Fairly useful hand; operation for septic disease. ¹
9	H. M.	F.	14	R.	24th Feb. 1893	...	Return of disease; amputation.
10	R. M.	M.	21	R.	30th Dec. 1893	10th Feb. 1894	Return of disease; scraped; hand fairly useful; seen June 1894.

¹ Shown at Medico-Chirurgical Society, 6th June 1894.

The advantages of this method are :—

1. Only one incision is necessary.
2. Drainage is very efficient, the wound being on the side of the hand which is the lower in the position in which the hand is usually carried.
3. The resulting cicatrix is hardly visible, and therefore the appearance of the hand is fairly natural after recovery.
4. The operation is very easy of performance.

24ColorCard CameraCalibration.com

